

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

 PAGE 1 OF 2  
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Congressional Leadership Fund</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px;"> <b>C</b> C00504530         </div>
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>The Prosper Group Corporation</b>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YY 11 / 01 / 2016</div> </div>			
Mailing Address 435 East Main Street Suite 250			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">31380.00</div>			
City State Zip Code Greenwood IN 46143	Purpose of Expenditure Media Placement		Category/Type <div style="border: 1px solid black; padding: 2px; text-align: center;">004</div>		Transaction ID : 001 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YY 10 / 27 / 2016</div> </div>	
Name of Federal Candidate Nelson, Tom, ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Office Sought: <input checked="" type="checkbox"/> House District: 08 <input type="checkbox"/> President <input type="checkbox"/> Senate State: WI	
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; text-align: right;">386648.01</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>American Media &amp; Advocacy Group</b>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YY 11 / 01 / 2016</div> </div>			
Mailing Address 815 Slaters Lane			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">302680.75</div>			
City State Zip Code Alexandria VA 22314	Purpose of Expenditure Media Placement		Category/Type <div style="border: 1px solid black; padding: 2px; text-align: center;">004</div>		Transaction ID : 002 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YY 10 / 24 / 2016</div> </div>	
Name of Federal Candidate Nelson, Tom, ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Office Sought: <input checked="" type="checkbox"/> House District: 08 <input type="checkbox"/> President <input type="checkbox"/> Senate State: WI	
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; text-align: right;">689328.76</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;">334060.75</div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Crosby, Caleb, ,

[Electronically Filed]

Date

MM / DD / YY  
11 / 02 / 2016

Signature

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 PAGE 2 OF 2  
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Congressional Leadership Fund</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00504530	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <table border="1" style="display:inline-table; width:40px; text-align:center">M M M</table> / <table border="1" style="display:inline-table; width:40px; text-align:center">D D D</table> / <table border="1" style="display:inline-table; width:80px; text-align:center">Y Y Y Y Y Y Y Y       </table>	

Full Name of Payee <b>DMM Media</b>			Date of Public Distribution/Dissemination <table border="1" style="display:inline-table; width:40px; text-align:center">11</table> / <table border="1" style="display:inline-table; width:40px; text-align:center">01</table> / <table border="1" style="display:inline-table; width:80px; text-align:center">2016</table>		
Mailing Address 1911 N. Fort Meyer Drive Suite 400			Amount <table border="1" style="display:inline-table; width:150px; text-align:right">14770.78</table>		
City Arlington	State VA	Zip Code 22209	Transaction ID : 003		
Purpose of Expenditure Media Production		Category/ Type 004	Date of Disbursement or Obligation <table border="1" style="display:inline-table; width:40px; text-align:center">10</table> / <table border="1" style="display:inline-table; width:40px; text-align:center">24</table> / <table border="1" style="display:inline-table; width:80px; text-align:center">2016</table>		
Name of Federal Candidate Nelson, Tom, , ,			Office Sought: <input checked="" type="checkbox"/> House District: 08 <input type="checkbox"/> President <input type="checkbox"/> Senate State: WI		
Calendar Year-To-Date Per Election for Office Sought <table border="1" style="display:inline-table; width:150px; text-align:right">704099.54</table>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee <b>DMM Media</b>			Date of Public Distribution/Dissemination <table border="1" style="display:inline-table; width:40px; text-align:center">11</table> / <table border="1" style="display:inline-table; width:40px; text-align:center">01</table> / <table border="1" style="display:inline-table; width:80px; text-align:center">2016</table>		
Mailing Address 1911 N. Fort Meyer Drive Suite 400			Amount <table border="1" style="display:inline-table; width:150px; text-align:right">2970.23</table>		
City Arlington	State VA	Zip Code 22209	Transaction ID : 004		
Purpose of Expenditure Media Production		Category/ Type 004	Date of Disbursement or Obligation <table border="1" style="display:inline-table; width:40px; text-align:center">10</table> / <table border="1" style="display:inline-table; width:40px; text-align:center">31</table> / <table border="1" style="display:inline-table; width:80px; text-align:center">2016</table>		
Name of Federal Candidate Nelson, Tom, , ,			Office Sought: <input checked="" type="checkbox"/> House District: 08 <input type="checkbox"/> President <input type="checkbox"/> Senate State: WI		
Calendar Year-To-Date Per Election for Office Sought <table border="1" style="display:inline-table; width:150px; text-align:right">707069.77</table>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<table border="1" style="display:inline-table; width:150px; text-align:right">17741.01</table>
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	<table border="1" style="display:inline-table; width:150px; text-align:right"></table>
(c) TOTAL Independent Expenditures..... ▶	<table border="1" style="display:inline-table; width:150px; text-align:right">351801.76</table>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Crosby, Caleb, , ,

Signature

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Date

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